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Certificate of Mailing	
Date of Deposit <u>June 5, 2001</u>	Label Number: <u>EL509219168US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
<u>Guy Beardsley</u> Printed name of person mailing correspondence	<u>Guy Beardsley</u> Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50025/003003
Applicants	Victor J. Dzau, Gary H. Gibbons, and Ryuichi Morishita
Title	Therapeutic Use of Cis-Element Decoys In Vivo
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application of 08/524,206, filed September 8, 1995, which is a continuation of 08/144,717, filed October 29, 1993.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	17 pages
Claims	2 pages
Abstract	1 pages
Drawing	5 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/144,717 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	7 pages

TRANSMISSION DOCUMENT

IDS	0 pages	
Form PTO 1449	0 pages	
Cited References	7 references	
Recordation Form Cover Sheet and Assignment	0 pages	
English Translation	0 pages	
Certified Copy of Priority Document	0 pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$355	\$355.00	
Excess Claims Fee: 15 - 20 x \$9	\$0.00	
Excess Independent Claims Fee: 1 - 3 x \$40	\$0.00	
Multiple Dependent Claims Fee: \$135	\$0.00	
Total Fees:	\$355.00	
<input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.		
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<u><i>Susan M. Michaud</i></u> Signature		<u><i>June 4, 2001</i></u> Date